

	A	B	C	D	E	F
1	Payroll Refund Receipt Voucher Form					
2	For use by the Office of the State Comptroller only:			Date Prepared:		
3	Company :	COM		Prepared By:		
4	Paygroup:			Telephone #:		
5	Pay Period End Date:			Department ID:		
6	Partial or Full Check Reversal:			XE/XC Doc ID:		
7	Original Check Number, if applicable:			Checks:		
8	Page Number:			Cash:	\$	-
9				Total:	\$	-
10	Employee ID:			Employee Name:		
11	Employee Rcd #:			SSN:		
12	To the Treasurer and Receiver General:					
13	I hereby certify under penalty of perjury that from				to	
14	collections on account of overpayment from the above referenced employee in the amounts shown					
15	below. New checks should be issued to this employee in the amount of			\$	-	New
16	collections from this employee should be made in the amount of			\$	-	The amounts credited
17	to the following funds because of the overpayment should be adjusted and you are authorized to credit the overpayment					
18	to the funds listed below and shown below:					
19	Signed:			Date:		
20	(Agency Head or Authorized Agent)					
21	Description as to why this voucher is being prepared:					
22						
23	Money collected from employee (Net):					
24	Amount reimbursed to State Retirement:					
25	Plan Type: (i.e. USDB 1)	USDB1		Additional 2% Retirement		
26	Benefit Plan (i.e.. RETBS)	RSB001	\$	-	\$	-
27	Benefit Plan (i.e. RETAS)	RSA001	\$	-	\$	-
28	Amount reimbursed for Federal Income Tax:					
29	Amount reimbursed for State Income Tax:					
30	Amount reimbursed for Medicare Tax:					
31	General Deductions:					
32						
33			\$	-		
34			\$	-		
35			\$	-		
36			\$	-	(1.45% of reimbursed Medicare Wages)	
37	Total Refund (Gross):			\$	-	
38	Either CYR or PYR, Not Both	Current Year	Prior Year	CD(Cash Deposit)		
39	Fund:					
40	Department:					
41	Appropriation / ORGN:					
42	Subsidiary / Revenue Source:					
43	Object Code:					
44	Amount:					
45	Original should be sent to:	Forwarded to:	Date Input:	Forwarded to:	Date Input:	
46	State Board of Retirement, 12th Floor	RET _____		TRE-Cash _____		
47	One Ashburton Place	TRE-Adm _____		OSC ACCT _____		
48	Boston, MA 02108	TRE-CD _____		OSC PR _____		
49	all of the above parties should initial and date this form					
50	All lightly shaded fields need to be completed by the Department. Instructional comments are provided in cells with a red triangle in the top					
51	right hand corner. Click on these cells and instructions will be displayed.					

Cell: E2

Comment: Enter date this form was prepared in this format:
mm/dd/yy

Cell: E3

Comment: Enter name of person completing form

Cell: E4

Comment: Enter telephone number of person completing form

Cell: E5

Comment: Enter your department ID

Cell: E6

Comment: Enter XE/XC document number(s) that relate to this reimbursement.

Cell: E7

Comment: Enter the total dollar amount of checks received for reimbursement.

Cell: E8

Comment: Enter total dollar amount of cash received for reimbursement.

Cell: E9

Comment: This is a calculated amount summing all checks and cash received.

Cell: B10

Comment: Enter employee's HRCMS id number

Cell: E10

Comment: Enter employee's name in this format:
Last Name,First Name

Cell: B11

Comment: Enter employee's job record number in HRCMS

Cell: E11

Comment: Enter employee's 9 digit Social Security Number

Cell: D13

Comment: Enter the beginning date covered by the refund voucher

Cell: F13

Comment: Enter the end date covered by this refund voucher

Cell: E15

Comment: Enter amount of new checks to be processed for the employee. If none, leave the space blank.

Cell: D16

Comment: Enter additional amount to be collected from the employee. If none, leave the space blank.

Cell: A19

Comment: Have your department's signatory authority sign here.

Cell: D19

Comment: Enter date form was signed by signatory authority.

Cell: D21

Comment: Enter details as to why employee is refunding this money.

Cell: D23

Comment: Enter dollar amount of total received from the employee.

Cell: A24

Comment: List employee's reimbursed retirement deduction codes below. Be sure to enter the \$\$ amounts in column D on the appropriate line.

Cell: B25

Comment: Enter plan type of employee's retirement plan in column B and enter the associated amount in column D. This can be determined by following this navigation in HRCMS: Go, Compensate Employees, Administer Base Benefits, Use, Pension Plans(USDB)

Cell: B26

Comment: Enter employee's retirement deduction code for state \$2000 pre tax deduction in column B and enter the associated amount in column D. The navigation for the Plan Type can be used to determine the Benefit Plan.

Cell: D26

Comment: Enter dollar amount of state \$2000 pre tax deduction retirement code reimbursement.

Cell: F26

Comment: Enter dollar amount of the 2% deduction retirement code reimbursement.

Cell: B27

Comment: Enter employee's retirement deduction code once employee has reached \$2000 threshold in column B and enter the associated amount in column D. The navigation for the Plan Type can be used to determine the Benefit Plan.

Cell: D27

Comment: Enter dollar amount of retirement code reimbursement.

Cell: F27

Comment: Enter dollar amount of the 2% deduction retirement code reimbursement.

Cell: D28

Comment: Enter in dollar amount of deduction code.

Cell: D29

Comment: Enter in dollar amount of deduction code.

Cell: D30

Comment: Enter in dollar amount of deduction code.

Cell: A31

Comment: Enter the deduction codes used in HRCMS for the deductions being refunded by the employee. Be sure to enter the amounts in column D.

Cell: D32

Comment: Enter in dollar amount of deduction code.

Cell: D33

Comment: Enter in dollar amount of deduction code.

Cell: D34

Comment: Enter in dollar amount of reimbursed Federal Income tax.

Cell: D35

Comment: Enter in dollar amount of reimbursed State Income tax.

Cell: D36

Comment: Enter in dollar amount of reimbursed Medicare tax. This amount should equal 1.45% of employee's Medicare Wages. Medicare Wages are the employee's gross pay plus non cash benefits, minus DCAP, minus pre tax Transit Pass, minus health premiums, minus Military Basic Housing and Subsistence.

Cell: D37

Comment: This is an automatically calculated amount summing up all the reimbursed amounts.

Cell: B38

Comment: Current Year Information Only is entered in this column.

Cell: D38

Comment: Prior Year Information Only is entered in this column.

Cell: E38

Comment: Negative Cash Deposit Information Only is entered in this column.

Cell: B39

Comment: Enter the current year fund information.

Cell: D39

Comment: Enter the prior year fund information.

Cell: E39

Comment: Enter the negative cash deposit fund information.

Cell: B40

Comment: Enter the department code associated with this transaction.

Cell: D40

Comment: Enter the department code associated with this transaction.

Cell: E40

Comment: Enter the department code associated with this transaction.

Cell: A41

Comment: ORGN is used for Prior Year and NEG CD ONLY.

Cell: B41

Comment: Enter the appropriation number.

Cell: D41

Comment: Enter the ORGN number.

Cell: E41

Comment: Enter the ORGN number.

Cell: A42

Comment: Revenue Source is used for Prior Year and NEG CD Only.

Cell: B42

Comment: Enter the subsidiary information.

Cell: D42

Comment: Enter the Revenue Source information.

Cell: E42

Comment: Enter the Revenue Source information.

Cell: B43

Comment: Enter the object code.

Cell: D43

Comment: barbaram:
This field is blank for Prior Year Refunds

Cell: E43

Comment: This field is blank for CD transactions

Cell: B44

Comment: Enter the amount.

Cell: D44

Comment: Enter the amount.

Cell: E44

Comment: Enter the amount of cash collected from the employee